

The Effects of Self-Esteem Enhancement on
School Aged Children

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19990610 063

Presented to the Faculty of the Graduate Nursing Program
at the University of Nebraska Medical Center
In Partial Fulfillment of Requirements
for the Degree of Master of Science in Nursing

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Omaha, Nebraska

May 1999

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REPORT DOCUMENTATION PAGE			Form Approved OMB No. 0704-0188	
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1. AGENCY USE ONLY (Leave blank)		2. REPORT DATE 17.May.99		3. REPORT TYPE AND DATES COVERED MAJOR REPORT
4. TITLE AND SUBTITLE THE EFFECTS OF SELF-ESTEEM ENHANCEMENT ON SCHOOL AGE CHILDREN			5. FUNDING NUMBERS	
6. AUTHOR(S) CAPT MCCUBBINS MARY A				
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) UNIVERSITY OF NEBRASKA MEDICAL CENTER			8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) THE DEPARTMENT OF THE AIR FORCE AFIT/CIA, BLDG 125 2950 P STREET WPAFB OH 45433			10. SPONSORING/MONITORING AGENCY REPORT NUMBER FY99-113	
11. SUPPLEMENTARY NOTES				
12a. DISTRIBUTION AVAILABILITY STATEMENT Unlimited distribution In Accordance With AFI 35-205/AFIT Sup 1			12b. DISTRIBUTION CODE	
13. ABSTRACT (Maximum 200 words)				
14. SUBJECT TERMS			15. NUMBER OF PAGES 63	
			16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT	

Abstract

Advanced Practice Nurses are responsible for monitoring not only the physical well being, but also the mental health of the children in their care. This replication study examined the effect of a self-esteem enhancement program on mid-western sixth graders' self-esteem scores (n=29). The Coopersmith Self-esteem Inventory (SEI) was used to determine pre and post test self-esteem scores for students who participated in a four-month self-esteem enhancement program. Mean scores showed females had overall higher self-esteem scores than males, however this was not statistically significant. Subjects who reported having friends showed significantly higher total self-esteem scores (Total 1 $p=.011$; Total 2 $p=.001$). Caucasians had significantly higher self-esteem scores at Time 1 (Total 1 $p=.009$), while non-Caucasians had significantly lower self-report scores overall (General 1 $p=.039$; General 2 $p=.050$). Subjects with lower socioeconomic status (SES) reported significantly lower self-esteem scores. Those with lower SES however, showed a significant increase in scores Time 1 to Time 2 (MANOVA $p=.005$), suggesting positive effect of self-esteem education. While the finding cannot be generalized, there is evidence that it may be beneficial to offer self-esteem training to children of low SES populations.

Table of Contents

Abstract	iii
Chapter 1	1
Purpose and Hypothesis	1
Significance	2
Theoretical Framework	3
Chapter 2	6
Literature Review	6
Chapter 3	14
Method	14
Design of the Study	14
Setting and Sample	14
Intervention	15
Data Collection	17
Chapter 4	19
Findings	19
Sample characteristics	19
Chapter 5	23
Discussion	23
Limitations	24
Conclusion	26
Recommendations	27
Appendix A	29
B	31
C	36
D	39
E	47
F	50
Reference	59

Chapter 1

Purpose and Hypothesis

Advanced Practice Nurses have a responsibility to assist healthy growth and development in children. They are responsible for monitoring not only the physical well being but also the mental health of the children in their care. A critical part of this mental well being is the development of positive self-esteem. Nurses are in a unique position to help foster positive self-esteem in children. They interact with children, parents, educators and the community in a variety of settings. They can foster positive self-esteem by educating parents and educators on how to raise self-esteem in children. Despite the nurses' ability and responsibility to influence self-esteem, it is not evident in the literature that nursing is performing this vital function.

The purpose of this study was to investigate how participating in a self-esteem enhancement program effects the self-esteem scores of 5th and 6th grade elementary school children in a Midwest elementary school. The researchers hypothesized that the self-esteem enhancement program would increase the self-esteem scores of participants. The study also examined several demographic factors which may influence the development of self-esteem in children.

This is the second replication of this study. The original study of 24, 5th and 6th graders, showed an increase in self-esteem after the self-enhancement program, however the increase was not significant. The sample size was inadequate and the problems with the setting and retention of subjects effected the results of this study. The study was repeated with 6 girls in a 6th grade Girl Scout troop. This study showed a significant

increase in self-esteem but again the sample size was very small, homogenous and had no gender variation. Due to the limitations in the previous studies, this research was repeated.

Significance

Numerous studies have shown that a child's level of self-esteem affects not only the child's present life, but will also effect his or her future. A child's self-esteem will effect school and home life as well as his or her health. Low self-esteem has been linked to poor school performance, teenage pregnancy, depression, suicide, drug, alcohol and tobacco use (Abernathy, 1995; Doswell, Millor, Thompson & Braxter, 1998; Emery, McDermott, Holcomb & Marty, 1993; Finke & Bowman, 1997; Harter, Marold & Whitesell, 1992; Long & Boik, 1993; Young, Werch & Bakema, 1989). Studies have shown relationships between self-esteem, positive health practices and beliefs (Reasoner, 1983; Sarvela & McClendon, 1988; Torres, Fernandez & Maceira, 1995). Therefore, it can be theorized that children who have a higher level of self-esteem will place value on health, and will be less likely to engage in risky health behaviors such as smoking, alcohol or drug use.

Several programs have been shown to increase self-esteem among participants. Reasoner (1983) showed that an elementary school self-esteem enhancement program not only increased students motivation and self-confidence in the short-term, but students who participated in the program were judged to be better adjusted psychologically in high school. This self-esteem program was designed to focus on the development of five basic attitudes: a sense of security, a sense of identity or self-concept, a sense of belonging, a

sense of purpose, and a sense of personal competence.

Children who live in violent communities are at risk for low self-esteem and related risky health behaviors. Jones and Selder (1996) showed a ten week program which promoted safety, self-esteem, empowerment and self-competence increased empathy and self-esteem in many were able to change their behavior and assist other children in implementing new behaviors.

Wright and Forsyth (1997) found that students who were members of a satisfying group had higher levels of self-esteem later in life and that these self-esteem levels did not fall after exposure to negative interpersonal feedback. Therefore, group self-esteem teaching may not only increase self-esteem, but may also prevent loss of self-esteem in the future.

Theoretical Framework

Developmental theory

Children are not born feeling that they are bad or good, but develop these ideas based on the way they are treated by family, friends, teachers and other significant people in their lives (Coopersmith, 1981). As a child develops, he or she passes through stages at which different tasks are presented. The mastery or failure of these tasks and the attitudes of those around him or her all affect the development of self-esteem. Erikson's (1963) psychosocial development theory states that there are eight stages of development: a) Trust versus Mistrust, b) Autonomy versus Shame and Doubt, c) Initiative versus Guilt, d) Industry versus Inferiority, e) Identity versus Role Confusion, f) Intimacy versus

Isolation, g) Generativity versus Absorption, and h) Integrity versus Despair.

According to Erikson, children in this study are in the Industry versus Inferiority stage of development. They have mastered the first three stages and are now ready for the start of life which is attending school or places of learning, depending on one's culture. The child learns to produce things, use tools and skills and receives approval or disapproval based on this learning. The work ethic is developed during this stage.

Erikson states that the peril to the child at this stage is a sense of inferiority and inadequacy if he or she is unable to master the skills presented. Thus being successful in school can help a child's self-esteem. In addition the rather basic task of behavior can be foreseen as a competency for the child. Being able to conform to a set of rules, established by either society or parents and family can lead a child to a feeling of success and therefore, positively impact self-esteem.

Erikson also sees another danger for the child during this time. At this stage, the child learns about the "technological ethos of a culture"(p. 260). The child may begin to feel that skin color, monetary status, clothing and other outside forces determine his or her worth. During the Industry versus Inferiority stage, children will learn skills and stage definition used within this study. values that will shape their lives. The work ethic and

will effect the child's success and self-esteem now and in the future.

Defining Self-esteem

Coopersmith (1981) defines self-esteem as an "evaluation which an individual makes and maintains with regard to him (herself): Self-esteem expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes him (herself) to be capable, significant, successful and worthy."(pg. 5). This is the operational definition used within this study.

Within the literature surrounding self-esteem are terms such as self concept, self image or self evaluation. Some authors use these terms interchangeably. Others view self concept as the description each person has for him or herself and self-esteem as the evaluation of that description (Burnett, 1994; Stanwyck, 1983; Willoughby, King & Polatajko, 1996). Willoughby et al. (1996) expresses concern over interchanging these words as they each have a distinct meaning.

Chapter 2

Literature Review

Self-esteem is a complex concept revolving around the basic developmental milestone of all children and paramount in basic personality development (Burns, 1996; Reasoner, 1983). Most researchers agree that self-esteem is a learned phenomenon (Coopersmith, 1981; Sieving & Zirbel-Donisch, 1990). Coopersmith (1981) believes there are four sources for self-esteem: Power - the ability to influence others, Significance - acceptance and love from others, Virtue - the ability to follow ones own moral and ethical standards, and Competence - success in accomplishing goals. He states that excelling in one of these areas, that a person believes is important, can bring about high self-esteem.

Coopersmith suggests that at sometime prior to middle school a person determines his or her self worth and that this baseline self-esteem remains stable over a number of years. Events can cause temporary changes in self esteem which usually returns this baseline level. Reasoner (1983) states that although basic personality characteristics are set at an early age, efforts to influence and change self concept can be made through adolescence.

Studies have shown that self-esteem has a tremendous effect on mental health during adolescence when physical and emotional changes often cause a disruption in self-concept (Torres et al., 1995). A study of 1,917 school children, found children 12 to 13 years of age had the most disruption in self-concept and the lowest self-esteem (Simmons, Rosenberg & Rosenberg, 1973). A study by Block and Robins (1993) showed

that males increased self-esteem between early adolescence and adulthood and that female self-esteem decreased. The study also showed that the self-esteem of girls was ingrained by adolescence but that males were more easily influenced.

Numerous factors have been shown to effect self-esteem. Some factors are within control of the child or parent but many are not. Gender, age, race, socioeconomic status and basic physical appearance are difficult if not impossible to change, while friendship, parenting styles, home environment are more easily influenced. In order to identify children who may be at risk for low self-esteem it is necessary to examine the factors that influence self-esteem.

Several studies have shown that perceived appearance has a great influence on a child's self-esteem (Burnett, 1994; Doswell et al., 1998; Freedman, 1984; Pierce & Wardle, 1997). Weight, perceived attractiveness, and physical differences, such as glasses or a disability, can effect self-esteem. Children as young as 6 or 7 show a preference for thinness (Collins, 1991). Pierce and Wardle (1997) found that overweight children were susceptible to low self-esteem and that the most vulnerable children were those who felt responsible for their weight problem. A recent study found that among African American girls weight did not dramatically influence self-esteem, but that early physical maturation correlated with lower self-esteem (Doswell et al., 1998).

Studies have shown that early pubertal development in females is related to a decrease in self-esteem while early development in males leads to an increase in self-esteem (Simmons, Blyth, Van Cleave & Bush, 1979; Doswell et al. 1998). Freedman (1984) states that girls who have early breast development suffer embarrassment, ridicule

and loss of social status and those with large breasts are more likely to be thought of as sexually immoral and unintelligent.

The media can be a powerful influence on the child and the child's perception of his or her self-worth. The media has made a significant impact on the way children live their lives and the way they perceive themselves. According to Dietz (1990), children and adolescents spend more time watching television than doing any other activity with the exception of sleeping. Stereotyped gender roles represented in the media and their impact on self image has been readily studied, as well as the impact of eating disorders related to television imagery (Dietz, 1990; Brown, Childers & Waszak, 1990).

The media continues to present a standard of appearance while is nearly impossible to achieve. This can be seen in simple marketing and advertising of such toys as Barbie dolls which express a highly unrealistic model of size, and appearance. Bearinger (1990) also discussed the media's inconsistency with marketing exploiting sex-appeal and stereotyping as a means of creating positive images of their product. This perpetuates the stigma for young boys and girls to present themselves in a certain manner or be perceived as unattractive or unworthy, therefore negatively impacting self-esteem. Toys, television, movies and billboards are filled with images of thin, attractive women and athletic muscular men. As children compare themselves to the media's representation of beauty they may experience a decrease in self-esteem.

Divorce is another environmental factor that may influence a child's self-esteem. Several studies have found that children living with divorced parents had lower self-esteem than those whose parents were married (Bynum & Durm, 1996; Clingempeel &

Segal, 1986; Coopersmith, 1967). Children of divorced families have increased anxiety, more behavioral problems, poorer peer relations, have more depression and do more poorly in school than those from intact families (Block, Block, & Gjerde, 1988; Furstenberg & Nord, 1985; Hetherington, 1989; Wallerstein, 1987; Wallerstein & Corbin, 1989).

Reasoner (1983) supports the impact of family on self-esteem appraisal and development. He states acceptance of the child, clearly defined limits and respectful treatment are key to this development. Low socio-economic status (SES), maltreatment and lack of trust are examples of blocks to self-esteem development (Killeen, 1993) Children with high self-esteem are likely to have mothers with high self esteem (Reasoner, 1983). Within the family even the position of the child in the birth order can affect self-esteem. Coopersmith (1967) found that firstborn and only children had higher levels of self-esteem.

Parental support of extracurricular activities such as music lessons may also increase self-esteem. Steitz and Owen' study (1992) found girls involved in music had higher self-esteem than those who did not play a musical instrument. Another study of 55 children showed that those who were involved in music had higher self-esteem and empathy than those who were not (Hietolahti-Ansten & Kalliopuska, 1991). The authors attributed this increased self-esteem to the responsibility, concentration and self-control required to master playing an instrument. It may then follow that those children who are involved in activities or given chores, and therefore increased responsibility, may have increased self-esteem.

Friendship also has an important role in the development of self-esteem.

Belonging to a group of friends, or having a best friend, can foster a sense of belonging and inclusion. Acceptance by others is believed to be essential for the maintenance of self-esteem (Leary, 1995). Shechtman's study (1993) of 52 elementary school children found that intimate friendship and self-esteem were inter-related. "Best" friendships are important because they provide frank evaluations from outside the family within a context of caring and acceptance. This exchange of secrets, feelings and evaluations contributes to stable self-esteem (Stanwyck, 1983).

Self-esteem can be effected by numerous factors in a child's life and self-esteem can be influenced most effectively in school age children. Why should schools institute programs to increase self-esteem in children? The answer is shown in research on self-esteem and healthy behavior. Increasing self-esteem is an exercise that can reap benefits over a child's lifetime. A report by the industry-education council determined that self-esteem is a primary factor in employability, of equal or greater importance than skills or knowledge (as cited in Reasoner, 1983). In contrast, studies have shown that low self-esteem is a factor in behavioral and emotional problems (Leary et al., 1995).

Numerous studies have shown that children who have positive self-esteem are less likely to utilize drugs and alcohol (Emery, McDermott, Holcomb & Marty, 1993; Finke & Bowman, 1997; Young, Werch & Bakema, 1989). Children are making choices about alcohol and drug use at an alarmingly early age. McDonald and Blume's study suggested that children between the ages of 9-12 are the most likely to be making the choice to use alcohol and drugs (as cited in Finke & Bowman, 1997). A study of 254 rural sixth and

seventh graders showed that 58% were classified as alcohol users and a majority of these users had negative self-esteem (Long & Boik, 1993). A study of fifth and six graders showed that marijuana use was related to lower self-esteem (Dielman, Campanelli, Shope & Butchart, 1987). Sarvela and McClendon (1988) found that peer pressure is the most important predictor of substance abuse. Individuals who have high self-esteem are more willing to respect their own decisions and more likely to be assertive and independent (Coopersmith, 1967). Therefore, children with high self-esteem should be less likely to bow to peer pressure involving substance abuse (Torres et al., 1995). Results of several studies suggest that school and personal self-esteem enhancement programs are important in drug prevention programs (Young et al., 1989).

Smoking is another high-risk health behavior that has been linked to low self-esteem. Murphy and Price (1988) studied 1500 8th graders and found that self-esteem was related to the choice to begin smoking and to the amount the child smoked. Abernathy (1995) showed that females with low self-esteem were 2.5-3.5 times more likely to smoke, than those who had high self-esteem. This study also suggested that smoking prevention programs that raise self-esteem could help females if begun as early as sixth grade since most adult smokers began their habits between the ages of 12-14. There is vast knowledge of the health dangers from smoking and therefore it is important to increase self-esteem in elementary school to prevent these children from developing a dangerous habit.

Sexual intercourse at a young age has also been associated with low self-esteem. This often begins a vicious circle, low self-esteem can cause a young girl to become

sexually active and from this involvement she may experience a sexually transmitted disease or pregnancy (Doswell et al., 1998). These unwanted consequences often further lower her self-esteem. Tashakkori and Thompson (as cited in Leary et al., 1992) showed low self-esteem was linked to the failure to use contraceptives or practice safe sex. Consequences of this high-risk health behavior includes incurable and/or fatal sexually transmitted diseases such as herpes or AIDS.

Low self-esteem in children has also been linked to depression and suicide (Harter, Marold & Whitesell, 1992). Suicide is currently the number three killer of young people and has increased steadily over the past forty years (Healthy people, 1998). Kupersmidt and Patterson (1991) found that low self-esteem was the only predictor of depression in young girls. Leary et al. (1995) hypothesized that low self-esteem and depression were linked because of the real, potential or invented social exclusion that produces grief and feelings of rejection.

Low self-esteem has been linked to aggressive behavior, domestic violence, child abuse and homicide (Leary et al., 1995). Studies have shown that low self-esteem is related to joining gangs and cults. However once the child is a member of these groups, self-esteem increases because the groups provide a sense of belonging (Leary et al., 1995).

Low self-esteem has been linked to behaviors which not only negatively impact children on an individual basis but effect society as a whole. An effective program to raise self-esteem in young children would benefit the children and also may help decrease societal problems such as drug use, violence, crime and AIDS.

It is important to assess and raise self-esteem in elementary school since it has been suggested that just the environmental change into middle school contributes to low self-esteem. Simmon's (1973) study showed that 7th graders in elementary school have higher self-esteem than 7th graders in middle school.

Children in the primary school years of 4th, 5th and 6th grades are entering a difficult transition from child to young adolescent. These years are filled with emotional and physical changes and are critical years for the establishment and growth of self-esteem. A self-esteem enhancement program may help increase self-esteem levels in these children. This may help them avoid substance abuse, promiscuity, depression and other difficulties.

Chapter 3

Methods

Design of the study

This was a repetition study designed to evaluate the effects of self-esteem education on school- aged children's report of self-esteem levels. Using the pre-established program developed by Dale Zevin, (1989), four of ten sessions were presented to 6th grade students, and self-esteem variables were measured. Using a pretest, post-test design, the Coopersmith Self-esteem Inventory (SEI) was administered to each subject, and measured initial self-esteem scores and any subsequent changes in scores. Researchers hypothesized that subjects who participate in this study would increase their self-esteem scores.

Setting and sample

Permission was obtained from the Omaha Public School District Office (Appendix A) to include children from one of the elementary schools within the district. The criteria for selection of the sample required that the children be between 11 and 12 years of age in the fifth or sixth grade. During the first week of school, invitations were sent home with each sixth grade student via their home communication folder. Included in the invitation was a description of the study, a parental permission form, consent form (Appendix B) and a brief demographic information sheet (Appendix C). Students were instructed to return the permission slip within a two-week period. All students were given equal opportunity to participate. Upon initiation of the study, there were a total of 42 students from two separate sixth grade classes. The students were further broken down

into 17 boys and 24 girls, with one unspecified. Demographic information collected via parent/child self report included age, sex, ethnic background (race), weight and height, household chores, family structure, social peer status and church involvement. Because the district would not allow direct questions regarding income status of children and families, SES was established based on eligibility to the subsidized school lunch program. No students were excluded from participation once they initiated the first session. However if a student was unable to complete all four sessions for any reason, their data was not included in the final analysis.

An environment was chosen to optimize participation. The first session took place in the art room, while the remaining three sessions were conducted in one of the sixth grade classrooms. Under both conditions, students were seated at tables of no more than 5 students each. Assistance was provided on an individual basis for those whose reading ability did not accommodate understanding. During the final three sessions some children were seated on the floor, with full view of classmates and researchers. Participation was not inhibited by the seating arrangement.

Intervention

Once consent forms were obtained, four 30-minute instructional sessions were set over a four-month period (Appendix D). The first and fourth session allowed 15 extra minutes for administration of the survey without shortening the self-esteem exercise. All students whom obtained parental consent were then asked to provide personal assent indicating their willingness to participate in the study. All informational material was provided in both Spanish and English language. The self-esteem tool however, was only

presented in English.

The intervention presented was a direct adaptation from "Into Adolescence: Enhancing Self-esteem" (Zevin & McPherson, 1989). The original program specified ten areas of self-esteem awareness and instruction. Four individual lessons were arbitrarily pulled from the curriculum and introduced to the sample over a nearly four month period.

The sessions included 1) Full Esteem Ahead; an introductory lesson focusing on defining self-esteem and listing conditions which foster high self-esteem, 2) Parade of Masks; explaining how and why individuals hide true feelings and identity in an effort to enhance self-esteem, 3) Messages from the Media; looking at the influences presented by media both written and television, and finally 4) Being Socially Responsible; where participants were asked to describe the benefits of social responsibility to family, friends, and/or community. Each session was presented in a lecture and discussion format, with an encouragement of dialogue and cooperative learning.

During session one, the researchers defined self-esteem and students discussed how events effect self-esteem. The pre-test self-esteem inventory was completed by students at the beginning of this first session. In session two, subjects used contemporary magazines and advertising to identify images representative of various self-esteem messages. Subjects worked in groups of 3-5, cutting out specific pictures which made value impressions on them and then discussed how these made the subjects "feel." They then compared this to actual impact of such messages. In session three, subjects presented short role-playing vignettes to describe particular ways in which people might act to hide the way they actually feel about themselves. Researchers acted as facilitators

for the discussion and assisted subjects at role-playing and improvisation. Finally, during session four, subjects explored how community involvement effects self-esteem and identified ways of increasing self-esteem in themselves and others. At the end of session four, subjects completed the post-test self-esteem inventory.

Participants were encouraged to discuss topics presented in the sessions with family and friends. Specific lesson plans were followed in accordance with the Zevin (1989) curriculum "Enhancing Self-Esteem." This provided less variability in presentation to allow comparison with previously conducted research. At the end of the final session, certificates of completion were presented to each child. A final analysis of the program was provided to the school principal.

Data collection

The Coopersmith Self-esteem Inventory (SEI) was selected as the tool to measure self-esteem. The SEI included 58 statements reflecting self-determination of like or unlike by the student. Of the total 58 statements, 50 are related to self-esteem measurements, and 8 made up a Lie scale to assess defensiveness. The SEI was administered in a pre-test post-test fashion, allowing 15 minutes for each survey. Alteration in administration was provided for the post-test as each statement was read aloud by the teacher. This change was made to accommodate the size of the sample and the number of below level readers. The researchers acknowledge the potential of skewed data based on the change in administration of the survey.

The SEI was scored looking at eight separate areas. General self, Social self-peers, Home-Parents, School-Academic, Total, Short form and Lie. The Lie scale

assisted in identifying any defensiveness that may be indicative of misinterpretation on the part of the student. Further evaluation may be warranted for students with high lie scores. Students read each statement, and checked a corresponding box indicating "like me" or "unlike me." A total self-score of 100 total points was available. Each of the sub-scale categories has multiples that arrive at this total comparative score of 100. Each item was then scored according to the Coopersmith SEI manual. According to the Coopersmith SEI, scores greater than 70-80 are indicative of high self-esteem.

Several studies have addressed the reliability and validity of the self-report method of administering the survey (Glass & Arnoff, 1997, Ragner, 1983, Willoughby, et al., 1995). Gilberts (1983) states test-retest reliability for the Coopersmith SEI is .7 with internal consistency of .87-.92. Gilberts goes on to cite validity in terms of construct, concurrent, predictive and multitrait-multimethod validity. He showed a correlation with school achievement at $r=.33$ and intelligence of $r=.30$, which is consistent with construct validity.

Data analysis was accomplished using the SPSS computerized statistics package. Raw data was entered into the computer and encoded by a third party, leaving no chance of subject identification, ensuring confidentiality.

Chapter 4

Findings

Sample characteristics

At the start of the program 42 sixth grade students completed and returned the consent, assent and demographic forms. All of these students completed the Coopersmith SEI and the first self-esteem educational session. Forty-one percent of these students were male, 57% female. One student did not specify gender, which accounts for an additional 2%. Racial breakdown on the students included 64% Caucasian, 14% African American, 12% Hispanic, 2% Native American and 7% undefined. Other notable data included 31% were from a traditional two-parent family, and 69% living in non-traditional or blended families.

Information was obtained about household chores students were responsible for in their families. These chores included cleaning their room, cleaning another room, vacuuming, laundry, caring for siblings, taking out trash, doing dishes, and caring for animals. Seventeen percent of the initial students did not respond to this question.

Extra-curricular activities were also surveyed. These included church groups, scout clubs, sports teams, jobs, lessons, school clubs and playing with friends. Twenty-four percent of the students did not respond to this question.

Information related to socioeconomic status (SES) was gathered. Because of school district policy, children were asked to disclose eligibility for reduced lunch as a measure of family income. Sixty-four percent of the students received no lunch support while 36% received either free or reduced fee lunches. (See figure 1, Appendix E).

Of the original 42 subjects, only 29 students complete all four educational session and Time 1 and Time 2 tests. Attrition can be attributed to illness and student moves. Of the remaining 29 subject, 35% were male, 62% were female and 3% did not identify gender. Racial make-up was widely distributed as shown in figure 2. (Appendix E). Twenty-four percent of these subjects lived in traditional two-parent families and 73% came from non-traditional families settings. Three percent of the subjects did not answer this question. The final group of subjects (n=29) showed 76% who received no lunch support and 24% with free or reduced fee lunches.

Weight variable

The researchers requested anthropometric data to evaluate significance of weight and/or height to self-esteem. Data collected on the variable was only analyzed for subjects whose weight fell greater than the 95th percentile for age. This accounted for 7% of the final group of students, although 31% (n=9) of the final subjects did not respond to this data question. On all categories the larger subjects showed lower overall self-esteem scores, but this was not significant over time.

Gender variable

Female subjects showed a higher self-esteem score in all categories than did male subjects, except Lie scale. T-Test showed general self-esteem scores increased slightly from Time 1 to Time 2 for both male and female subjects, however this increase was not statistically significant. This is further illustrated in table 1 (Appendix F).

Family variable

The impact of blended families on children was widely addressed in the literature.

Researchers found only 7 of 29 families were identified as living with two biological parents with or without siblings. This high percentage of non-traditional families showed no statistically significant impact on self-esteem scores. A trend was identified however, that demonstrated higher scores for those in traditional families.

Race variable

Researchers looked at Caucasian versus non-Caucasian variables in overall SEI scores. Overall score for all categories and sub-scales showed increased scores for Caucasian over non-Caucasian subjects (Total $p=.009$). Significantly higher self-esteem scores were identified in the sub-scale of general self-esteem in both Time 1 and Time 2 (General 1 $p=.039$; General 2 $p=.05$) for non-Caucasian students. (Table 2 & 3, Appendix F). This significance was not shown over time.

Friends variable

Subjects who reported having at least one friend showed increased self-esteem scores for several sub-scales, including, general, social, school and total. This was significant for $p<.05$ for each of these sub-scales, with Total 1 $p=.011$ and Total 2 $p=.001$. See table 4 & 5 (Appendix F). Having a best friend however, showed significance for home-parent self-esteem scale for $p<.05$. This was evaluated as an independent variable only using T-test for independent samples.

Socioeconomic Status (SES) variable

Students who received free or reduced lunches were categorized as having a lower SES. Subject from higher SES status showed higher scores on all sub-scales. This however was not significant for all areas. See Table 6 (Appendix F). There was a

significant increase in self-esteem scores from Time 1 to Time 2 for those classified as low SES. MANOVA test showed this increase over time, significant at .005. See Table 7 (Appendix F).

Chapter 5

Discussion

The children who participated in the study had a measurable increase in self-esteem after the self-esteem program however, the increase was not statistically significant. However, the low socioeconomic status (SES) children did show a statistically significant increase in self-esteem levels after completing the study. The evidence collected during this study demonstrates that self-esteem programs in schools could be advantageous for low-income children. Studies have shown this group is at increased risk for problems associated with low self-esteem such as drug, alcohol and tobacco usage (Dielman, et al., 1987; Emery, et al., 1993; Finke & Bowman, 1997).

Although studies (Hietolahti-Ansten & Kalliopuska, 1991; Steitz & Owen, 1992) have shown that having chores and outside school activities leads to increased self-esteem, the results of this study did not show an increase in self-esteem related to chores or activities. Also, this study did not show a significant decrease in self-esteem among children of non-traditional families. Previous studies have shown that children of divorced parents have lower self-esteem than those from traditional, two parent, families (Bynum & Durm, 1996; Clingempeel & Segal, 1986; Coopersmith, 1967)

Female subjects had higher self-esteem on all sub-scales than their male counterparts. Although the difference was not statistically significant, it is interesting to note that other studies have shown that males of this age group have higher self-esteem (Block & Robins, 1993; Steitz & Owen, 1992). Having a friend correlated with significant increase in self-esteem on the general total school and social sub-scales. This

reflects the results of other studies on children and friendship that demonstrated the importance of friendship on self-esteem (Leary, 1995; Shechtman, 1993; Stanwyck, 1983). Children with body weight over the 95% for age, had lower self-esteem scores on all scales, although the difference was not statistically significant. These results are supported by research in the literature that has shown over-weight children have lower self-esteem (Burnett, 1994; Doswell et al., 1998, Greedman, 1984; Pierce & Wardle, 1997). Finally, Caucasian children showed significantly higher general self-esteem than non-Caucasian children.

Limitations

The study design was a significant limitation of this study. The school setting was appropriate to obtain a large sample of subjects, however it did not support using a control group. An experimental design could strengthen support that the program was responsible for the increase in self-esteem. A study by Wright & Forsyth (1997) showed that self-esteem was increased by just belonging to a group. An experimental design could control for this important variable.

The variability of the setting and the physical arrangement of the subjects may have also impacted the study. The initial plan included using the art room as a neutral setting with enough space for all subjects to be seated comfortably. The first session was held in the art room, but the later sessions had to be moved to a classroom. The classroom did not have enough chairs for all the subjects so many had to sit on the floor. The tables were crowded and the noise level was higher than desired.

The school has a policy of having community tables instead of individual desks. This led to three or four subjects crowded at each table and other subjects sitting next to each other on the floor. Although the subjects were instructed not to talk, many students were observed talking about their answers or looking at others' answers. This behavior may have influenced the honesty in answering questions. This may be a reason for the high rating of the Lie scale in the test results.

The administration of the test was changed between SEI one and SEI two. During SEI one, after reading the directions for the test to the class, the presenters allowed the subjects to read and answer the questions themselves. The presenters and the classroom teachers helped individuals who had difficulty reading or understanding the questions. The teachers suggested that the second SEI be read to the students to help those with reading difficulties and those with English as a second language. The second SEI was read to the class and individual help was also provided. This difference in the presentation of the SEI may have effected the study results.

Since this was a pretest post-test design, history and effect of testing could be a threat to internal validity. Maturation could also be a threat but the study was conducted over a relatively short time so the threat is probably minimal. Mortality did occur as children moved away or were absent for testing dates.

Novelty and the Rosenthal and Hawthorne effects were threats to external validity in this study. The subjects may have been influenced by just participating in the study and the researchers may have unwittingly influenced the subjects. Due to the need for informed consent from both the participants and their parents, it was impossible to

conduct the study without participant awareness. In addition, the school chosen for the setting is managed by a principal with an interest in self-esteem and children. Most of the children in the class had been exposed to self-esteem concepts before.

Finally, some difficulties were encountered with the demographic information collected on subjects. Many of the questionnaires were not completed, especially questions about height and weight. Additionally, the school district would not allow any income questions and therefore qualification for school lunch was the variable chosen for socioeconomic status. This variable may not accurately measure the household income for the subject. Incomplete data sheets hindered the ability to link variables to levels of self-esteem.

Conclusion

The reasons for enhancing self-esteem in children are clear. The effort spent to help a child feel better about him or herself, enhances the child's life and positively influences society. It is better to spend resources to enhance self-esteem in children than to spend them fighting the results of low self-esteem such as drugs and crime. The students in this study developed an increased awareness of self-esteem and learned how to increase self-esteem in themselves and others. They increased their general self-esteem after completing the four month enhancement program, although the increase was not statistically significant.

The low SES children had the most dramatic increase in self-esteem after completing the program. These are the very children who are at the highest risk for low self-esteem and the undesirable behaviors associated with it. These are the children who

must be reached through programs initiated at school, for they may not have other activities to enhance their self-esteem.

The findings of this study cannot be generalized, however they may raise issues that need to be explored. Questions about the reason Caucasian children scored higher on self-esteem than non-Caucasian children needs to be investigated. Was this due to racism? Was this due to communication failure during the testing since the test was presented only in English? Questions regarding race and self-esteem need to be explored.

The findings showed that low SES children scored significantly higher after participation in the self-esteem program. Was this due to the fact that the second test was read aloud? Was SES level related to English speaking ability? Was having reduced or free lunch an accurate measure of SES? Would more direct measurement of income yield the same results? There are many questions left to explore.

Recommendations

The researchers recommend a repeat of this study using a control group to obtain an experimental design. It would be ideal to utilize the entire ten-lesson program presented by Zevin & McPherson (1989), and incorporate the lessons into the curriculum for the year. By incorporating the program into the curriculum some of the extraneous variable may be controlled. The setting needs to be improved with each student having a private area to complete the testing. Perhaps testing in both English and Spanish, or having an interpreter available, would improve understanding.

Parental involvement is a key to increasing self-esteem in children. It would have been ideal to have the parents attend the self-esteem program with their children, however

it was not feasible. Perhaps having the self-esteem enhancement program audiotaped or videotaped and available for parents would enhance communication and self-esteem.

This could serve as a reminder to parents of the vital role they play in influencing their child's self-esteem. Advanced practice nurses working in communities can also teach parents the importance of self-esteem in children and show positive ways to improve self-esteem. When parents are taught the skills to increase self-esteem and understand the importance of high self-esteem, children will be better prepared to face a changing world.

Children today are faced with life altering choices at a young age. Children are deciding to use alcohol, drugs, have sexual intercourse or participate in crime early in life. These choices made in childhood will effect the rest of their lives. If children can be taught to value themselves, to have high self-esteem, they will make healthy choices. High self-esteem has been linked to school success, and success in the adult world. Nurses can help children reach the goal of high self-esteem. By developing and implementing self-esteem enhancement programs with educators, nurses can reach children who may not have other opportunities to learn about self-esteem. Nurses working with families can educate individual parents about self-esteem and promote parenting styles that encourage communication and increase self-esteem. If all children could have the opportunity to feel good about themselves, to feel valued and respected, perhaps societal problems such as gangs, drugs, and crime would decrease.

Appendix A

Permission of School



DIVISION OF RESEARCH

3215 CUMING STREET OMAHA, NE 68131-2024 (402) 557-2080 FAX: (402) 557-2049

May 20, 1998

Peggy Pelish, Ph.D.
Assistant Professor
University of Nebraska Medical Center
College of Nursing
600 South 42nd Street
Box 985330
Omaha, NE 68198-5330

Dear Dr. Pelish:

We have received your letter requesting permission to replicate a study you conducted in the Spring of 1997.

You indicate your method of data collection will include fifth and sixth grade students working with the school nurse to examine the effects of participation in a self-esteem enhancement program. Using a pretest and posttest design, self-esteem will be measured.

We believe your study has merit and permission is granted for you to proceed under the following conditions:

- Mrs. Bowers agrees to your study.
- Parents of students in the study will complete a parent consent form "opt in".
- You will notify parents of selected students of your study.
- Physical Education teachers and the school nurse participate voluntarily.
- In the reporting of the results of your study, students will not be personally identifiable.

Best wishes.

Sincerely,

A handwritten signature in cursive script, appearing to read "Peter Smith".

Peter Smith
Coordinator of Research

cc: Mrs. Virginia Bowers
Mrs. Gerri Hansen

Appendix B

Parent Permission

Consent/Assent forms

Dear parent:

Your child, with your consent, is invited to participate in a research project conducted by two graduate nursing students and their advisor from the University of Nebraska Medical Center College of Nursing. The project will study the children's self-esteem which is defined as how children feel about themselves.

Each child will be part of an enhancement program consisting of a total of 4 lessons during the Fall of 1998. One lesson will be presented each month, for 4 months, with each lesson lasting 30 minutes. The Self-Esteem Enhancement Program to be used is adapted from the book Into Adolescence: Enhancing self-esteem. The 4 lessons to be offered are as follows: Lesson 1: Overview of self-esteem; Lesson 2: Media influencing self-esteem; Lesson 3: Hiding behind emotions; and Lesson 4: Self ability to raise self-esteem. Before and at the completion of the lessons, the child will be asked to answer a series of questions that will take them 10-15 minutes. The aim of the project is to determine if this type of program does improve, does not improve, or has no effect on how children feel about themselves. The questions asked will be on file in the principal's office at Dundee School and are available for your review.

If you will allow your child's participation in this project, please sign the attached consent form and complete the questions about your child. **RETURN THESE FORMS WITH YOUR CHILD'S SCHOOL ENVELOPE.** Your child's participation is voluntary and he/she may withdraw from the project at any time without fear of any consequences from the researchers or Dundee School. In no way will your child be personally identified in the project results and there are no right or wrong answers to any of the questions. You may also have a copy of the project results upon request.

If you have any questions or concerns after reading this information letter or seeing the questions, please contact Dr. Peggy Pelish, PhD, ARNP, CS at the University of Nebraska Medical Center College of Nursing (402) 559-6550.

For your child to participate, please sign the consent form and fill out the questions about your child. Return them in the school envelope.

Due:

IRB # 087-97

Page 1 of 2

PARENTAL CONSENT FORM**DEVELOPMENT OF SELF-ESTEEM IN CHILDREN**

Your child is invited to participate in this research study about the development of self-esteem which is defined as a feeling of self-worth. The following information is provided in order to help you to make an informed decision whether or not to have your child participate. If you have any questions, please do not hesitate to ask.

Your child is eligible to participate because your child is in the 5th or 6th grade.

The purpose of this research is to examine the effect of participation in a program to increase your child's feelings of self-worth (self-esteem).

Your child will be asked to complete a form which tells us about feelings that are like or unlike their own. The form should take between 10 and 15 minutes to complete. Your child will complete this form two different times.

While your child is in school, he or she will take part in the program as it is part of the classes approved by the school.

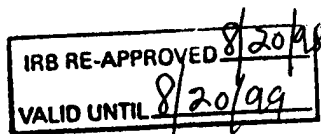
There are no known risks or discomfort associated with this research.

The possible benefit of this research is an increase in your child's feelings of self-worth.

Any information obtained regarding this study which could identify your child will be kept strictly confidential. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but your child's identity will be kept strictly confidential.

You are free to decide not to have your child participate in this study, or to withdraw your child at any time without affecting your relationship with the investigators, the University of Nebraska, or Dundee School. Your decision will not result in any loss of benefits to which you are otherwise entitled.

Your child's rights as a research subject have been explained to you. If you have any additional questions concerning your child's rights, you may contact the University of Nebraska Institutional Review Board (IRB), telephone 402-559-6463.



YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO PERMIT
YOUR CHILD TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE
CERTIFIES THAT YOU HAVE DECIDED TO PERMIT YOUR CHILD TO PARTICIPATE,
HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED.

Child's name _____
First MI Last

Signature of Parent/Guardian

Date

Signature of Investigator

Date

Principle Investigator

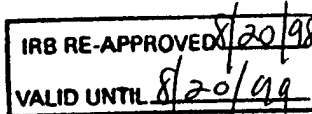
Peggy Pelish, PhD., A.R.N.P., C.S., F.N.P.

Ph: (402) 559-6550

Secondary Investigators

Susan Caffery, R.N., B.S.N.

Mary Alice McCubbins, R.N., B.S.N.



IRB # 087-97

CHILD ASSENT FORM

DEVELOPMENT OF SELF-ESTEEM IN CHILDREN

1. We would like to invite you to participate in this study about making children feel better about themselves.
2. We would like to talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in the study.
3. In this study, you will be asked to complete a checklist form telling us about things and feelings that are like you or not like you. We will ask you to do this two different times.
4. You may feel better about yourself after participating and talking with other students.
5. If you decide to participate you are free to stop at any time. Your decision will not change your relationship with Dundee School or the University of Nebraska Medical Center.
6. If you have any questions now or later, we will be happy to answer them all.

**YOU ARE MAKING A DECISION WHETHER OR NOT TO BE IN THIS STUDY.
SIGNING THIS FORM MEANS THAT YOU HAVE DECIDED TO PARTICIPATE AND
HAVE READ ALL THAT IS ON THIS FORM. YOU AND YOUR PARENTS WILL BE
GIVEN A COPY OF THIS FORM TO KEEP.**

Signature of Subject

Date

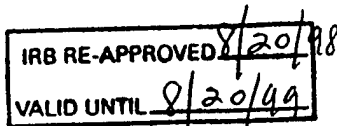
Signature of Investigator

Date

INVESTIGATORS

Peggy Pelish, PhD., A.R.N.P., C.S., F.N.P.
Susan Caffery, R.N., B.S.N.
Mary Alice McCubbins, R.N., B.S.N.

Ph: (402) 559-6550



Appendix C

Demographic Sheet

Demographic Information Sheet

The purpose of this information sheet is to gather demographic data about your child. The information sheet will take less than 5 minutes to complete. Take time to read each question completely before answering. Please feel free to ask your child for his or her help if needed. Return the completed information sheet with your child to his/her teacher. To assure anonymity, please do not write your child's name anywhere on this information sheet. Your answers will be kept confidential. Thank you for your participation; your contribution to the study is important.

1. Your child's birthday is: _____
 Month Day Year

Your child's height is: _____

Your child's weight is: _____

- 2. Your child's sex is:**

1. Male
2. Female

- 3. Your child's race is:**

1. African American
2. Hispanic
3. Caucasian
4. Asian
5. Native American
6. Other

4. Who else besides your child lives in the house? (Circle all of them)

1. Mother
2. Father
3. Step Mother
4. Step Father
5. Brother/s ____ (how many) Stepbrothers ____ (how many)
6. Sister/s ____ (how many) Stepsisters ____ (how many)
7. Grandmother ____ (how many)
8. Grandfather ____ (how many)
9. Other relative/s _____ (please specify relationship to child)
10. Other nonrelative/s _____ (please specify relationship to child)

5. Name up to 3 of the household duties or “chores” your child is responsible to do each week.

6. Your child attends church:
1. Never
 2. At least weekly
 3. At least monthly
 4. Only on religious holidays
 5. Other _____
7. Name up to 3 activities outside of school your child is involved in weekly.
(For example, clubs, sports teams, church groups, etc.)
- _____
- _____
- _____
8. Does your child have a best friend?
1. Yes
 2. No
9. Does your child have many friends?
1. Yes
 2. No
10. Does your child participate in Free and Reduced School Lunch Programs at the school?
1. No
 2. Yes
- if yes, please check the type of lunch program
- _____ Partial lunch program
- _____ Full lunch program

Again, thank you for taking the time to complete this information sheet. Your participation in providing this information is valuable to our study. Please have your child return the completed consent form and this demographic information sheet to the school.

Appendix D

Lessons

Self-Esteem Enhancement Program

Adapted from: Zevin, D. (1989). Into adolescence: Enhancing self-esteem. Santa Cruz, CA: Contemporary Health Series.

Lesson I: Overview of self-esteem

Objectives:

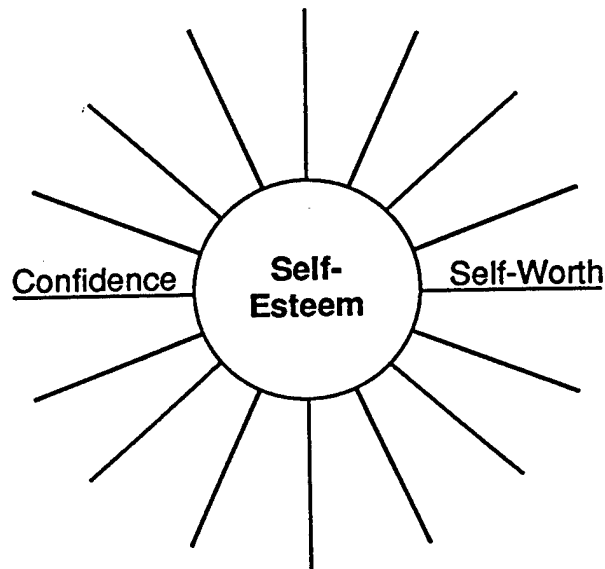
Students will be able to define self-esteem.

Students will be able to list conditions that foster high self-esteem.

Time: One 30 minute period

Overview: This lesson provides students with background information to understand the term self-esteem using a brainstorm method where they identify the meaning of the term. The students will plot the external events that influence self-esteem.

Methods: Blank cluster below for students to suggest terms with the reinforcement that there are no right or wrong answers. It is explained that self-esteem is an everyday, lifelong state of mind that influences what we think, say and do. Feelings can vary from one part of the day to another or from one life situation to another. Self-esteem is influenced by things that happen both inside and outside us.



Case study of Lisa is read to group.

Lisa's Case Study

Lisa wakes up to a beautiful, sunny summer's day. She puts on a favorite outfit. As she's eating breakfast, her older sister walks in and yells, "Lisa, you look ugly in that outfit. All the kids at school are going to make fun of you."

On the way to school, Lisa meets up with her close friend, Patricia, and shares with Patricia her sister's comment and how badly it made her feel. She tells Patricia how much she appreciates their friendship and support for each other.

When they arrive at school, one of Lisa's teachers compliments her on her performance in yesterday's soccer game. In math class, Lisa's teacher returns a recent quiz on which Lisa receives a grade of C-.

On the way home from school Lisa sees the boy she likes walking hand in hand with another girl. Lisa gets upset but continues walking quickly so she can arrive on time to coach the neighborhood 5-7 year olds in soccer. When she arrives at the field and sees their smiling faces, Lisa gets excited, and is ready to coach them to victory!

Students are then asked to take each event in Lisa's day and indicate how this affected Lisa using the student form.

End by having the students indicate what events help them have a positive self-esteem.

Lisa's Grid

Read the following description of events in Lisa's day. Then draw a dot on Lisa's grid to indicate how each event affected Lisa's day.

- a. Lisa wakes up to a beautiful, sunny summer's day.
- b. She puts on a favorite outfit. As she's eating breakfast, her older sister walks in and yells, "Lisa, you look ugly in that outfit. All the kids at school are going to make fun of you."
- c. On the way to school, Lisa meets up with her close friend, Patricia, and shares with Patricia her sister's comment and how badly it made her feel.
- d. She tells Patricia how much she appreciates their friendship and support for each other.
- e. When they arrive at school, one of Lisa's teachers compliments her on her performance in yesterday's soccer game.
- f. In math class, Lisa's teacher returns a recent quiz on which Lisa receives a grade of C-.
- g. On the way home from school, Lisa sees the boy she likes walking hand in hand with another girl.
- h. Lisa gets upset but continues walking so she can arrive on time to coach the neighborhood 5-7 year olds in soccer. When she arrives at the field and sees their smiling faces, Lisa gets excited, and is ready to coach them to victory!

	Low Self-Esteem				No Effect		High Self-Esteem			
	1	2	3	4	5	6	7	8	9	10
Event a										
Event b										
Event c										
Event d										
Event e										
Event f										
Event g										
Event h										

Lesson 2: Media influencing self-esteem

Objective:

Students will be able to explain the influence of the media on self-esteem.

Time: One 30-minute period.

Overview: Students will explore the influence of print advertising and the televised media on their self-esteem. This lesson will be guided by someone from the television media whom students will recognize. Popular magazines will be available for students to discuss advertisements.

Methods: Begin with quotations:

"I cannot and will not cut my conscience to fit this year's fashions." - Lillian Hellman

"No one can make you feel inferior without your consent." - Eleanor Roosevelt

Discuss students interpretations of these quotes. Link these with the influence of advertising on self-esteem. Discuss how the televised media can influence self-esteem. Repeated messages can affect our beliefs about how we want to look, act and feel. Ads try to make us feel that we are not good enough and that we need their product to be good. Products are made to look attractive and desirable. It is important that we set our own standards.

Lesson 3: Hiding behind emotions

Objective:

Students will be able to explain how and why we often hide our true identity and feelings.

Time: One 30-minute period.

Overview: Early adolescents put on different "masks" to form their personal identity. This lesson will be provided by someone who is part of a theater arts program. It will illustrate how people often wear "masks" to hide thoughts, feelings and fears. The students will improvise roles that those of their own age play by using theater props of hats and sunglasses. A class discussion will help students understand how wearing masks can impact on friendships, academic and social behavior and self-esteem.

Methods: Begins with quotation: "This above all: to thine own self be true, and it must follow, as the night the day, thou 'canst not then be false to any man." - William Shakespeare.

Explanation that some people go through life playing a role and never let others see their true feelings and fears. Discussion about why people of their age group wear masks and why they might be afraid.

Role playing will consist of the roles of Mr/Ms Cool, Class Clown, Class Bully, Class Jock, Class Nerd and Mr/Ms Conceited.

General discussion about why people change masks, if masks can be removed, is it important to remove masks, how wearing a mask hides who you are, how it might interfere with academic and social behavior, how it might indicate low self-esteem, and how a person can become a real self.

Lesson 4: Self ability to raise self-esteem

Objective:

Students will be able to describe benefits of being socially responsible in a family, at school and in a community.

Students will be able to identify ways to enhance personal self-esteem and the self-esteem of others.

Time: One 30-minute period.

Overview: Social responsibility means looking beyond yourself, becoming a caring citizen and reaching out to others in the school and community. Giving to others makes us feel good about ourselves and enhances our self-esteem. Students will identify the events that will enhance their self-esteem and others.

Methods: The concept of reciprocity or giving back good deeds to people who have done good things to you will be explained. We must look beyond ourselves and reach out to others. Students will discuss why people volunteer their time, energy, expertise and skills. Students will be asked to brainstorm future projects that they might be interested in. Discussion of the benefits to the recipients and the students will follow.

The Living with Esteem worksheet will be used for students to write out things that will help with their self-esteem. These can be discussed with suggestions for each category.

Each student will be given a certificate of accomplishment on an individual basis if possible so that the group can clap for each student as they receive theirs.

Living With Esteem

Self-Esteem 46

NAME _____

DATE _____

Write in the space provided what you can do to enhance your own self-esteem.

Then write in the two other spaces what you can do to help enhance the self-esteem of friends and family.

To continue to enhance
my own self-esteem, I can:

To help enhance the self-
esteem of my friends, I can:

To help enhance the self-
esteem of my family, I can:

Certificate of Accomplishment

conferred upon

_____ in recognition of enhanced self-esteem

Teacher

Principal

Date

Date

Appendix E

Figures listed

Figure 1: Financial Lunch support

Figure 2: Sample by race

figure 1

Total by financial lunch support (SES)

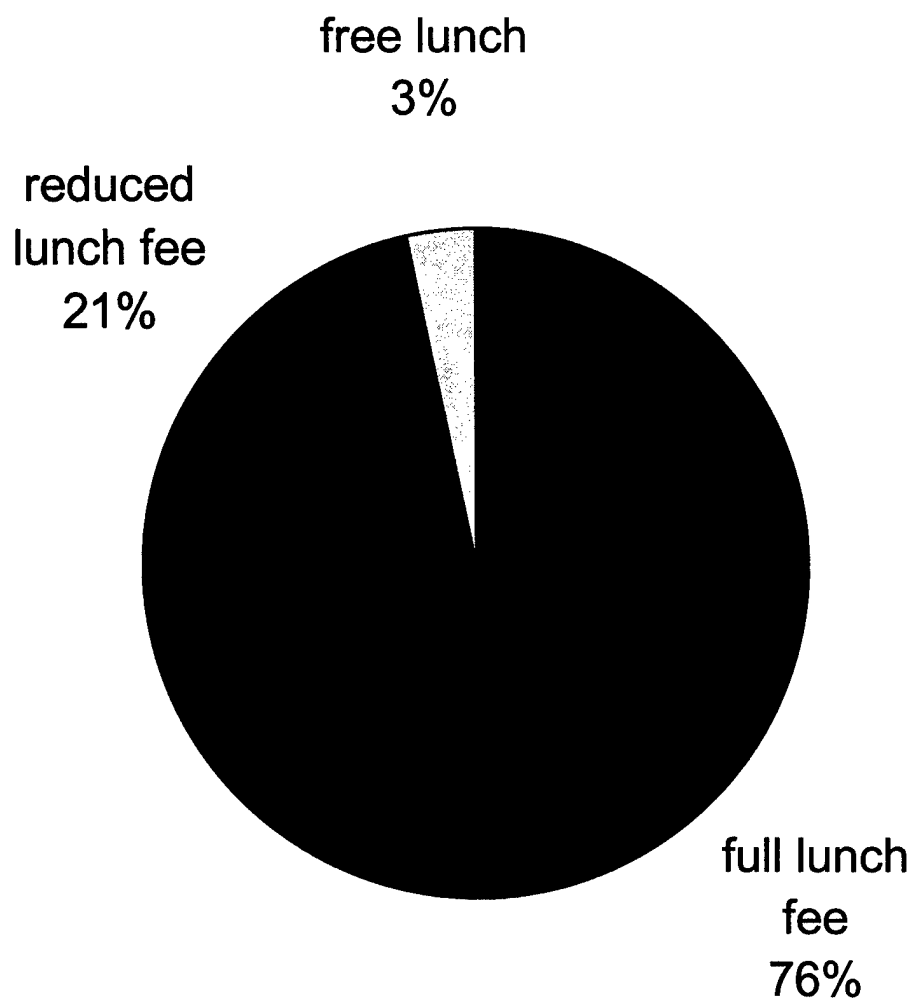
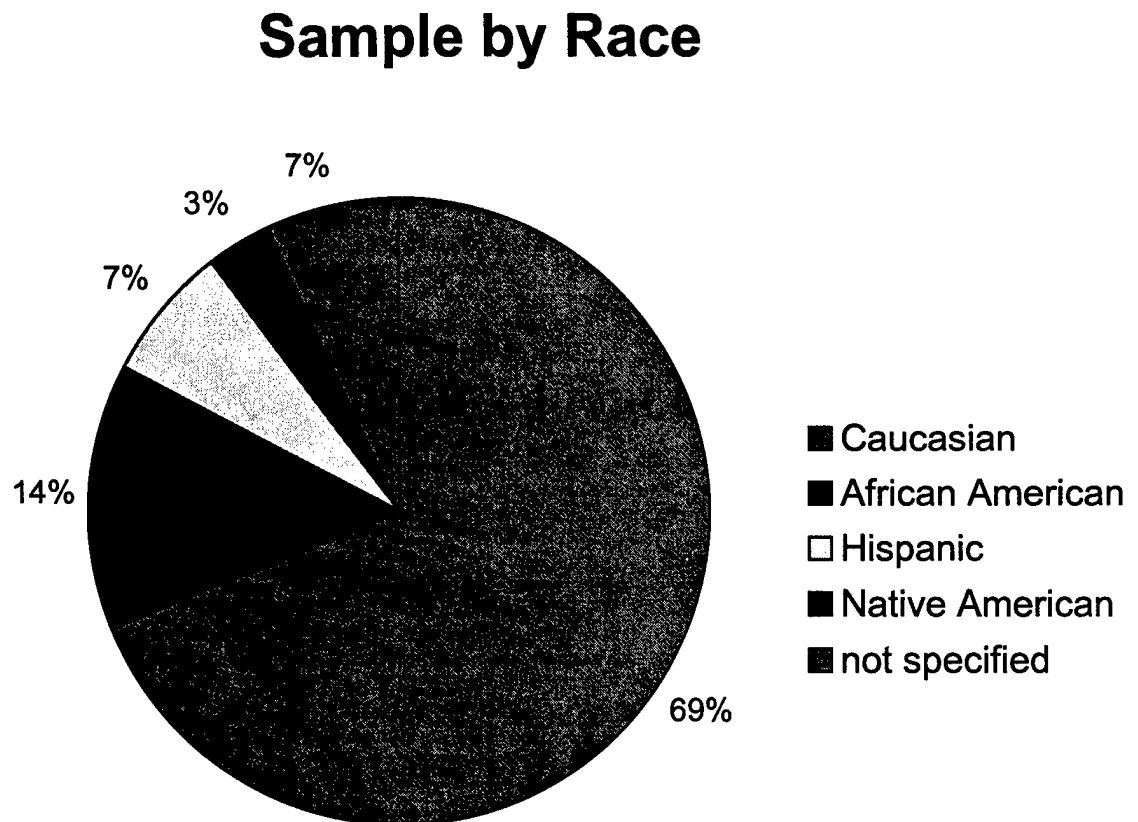


Figure 2



Appendix F

Tables listed

Table 1: Gender scores

Table 2: T-test by race Time 1

Table 3: T-test by race Time 2

Table 4: T-test by friends Time 1

Table 5: T-test by friends Time 2

Table 6: T-test by SES

Table 7: MANOVA for SES

Gender variable
mean self-esteem scores

	Male	Female
General 1	19.7	20.3
General 2	20.3	21.1
Social 1	5.5	6.1
Social 2	6.2	6.7
Home 1	5.8	6.7
Home 2	5.2	6.4
School 1	5.8	6.7
School 2	5	6.3
Total 1	73.6	80.6
Total 2	73.4	81
Lie 1	3	2.1
Lie 2	2.3	1.7

Table 2

T-test according to Race (test 1)

	Caucasian	Non-Caucasian	t value	p score
	n=20	n=7		
General	20.45	16.86	-2.17	0.039*
Social	6.25	5.43	-0.95	0.353
Home	6.75	5.43	-1.89	0.071
School	6.5	5.57	-1.55	0.134
Total	79.7	66.57	-2.05	0.051*
Lie	2.6	1.29	-1.47	0.155

* significant for $p < 0.05$

Table 3

T-test for independent sample (test 2)

	Caucasian	Non-Caucasian	t value	p score
	n=20	n=7		
General	21.2	18.29	-2.06	0.05*
Social	6.4	6.57	0.2	0.844
Home	6.25	5	-1.32	0.198
School	5.95	5	-1.08	0.292
Total	79.3	69.71	-1.31	0.202
Lie	1.85	1.86	0.01	0.992

*significant for $p < .05$

Table 4

T-test for independent sample by
friends (time 1)

	have friends	have no friend	t value	p score
General	20.48	15.1	2.51	0.018*
Social	6.32	4.25	2.13	0.043*
Home	6.56	5	1.8	0.084
School	6.56	5	2.22	0.035*
Total	79.68	59.5	2.74	0.011*
Lie	2.56	0.75	1.71	0.1

*significant for $p < 0.05$

Table 5

T-test for independent sample by friends (time 2)

	friends	no friends	t value	p score
General	21.28	16	3.51	0.002*
Social	6.8	4	3.18	0.004*
Home	6.36	3	3.42	0.002*
School	6.04	4	2	0.056
Total	80.72	54	3.65	0.001*
Lie	1.84	2.25	-0.48	0.636

*significant for $p < 0.05$

Table 6

T-test for independent sample by SES

	Full fee	Reduced fee	t value	p scores
General 1	20.86	16.43	2.85	0.008*
General 2	21	19.14	1.31	0.202
Social 1	6.32	5.14	1.44	0.162
Social 2	6.41	6.43	-0.02	0.981
Home 1	6.68	5.29	2.02	0.053
Home 2	5.95	5.71	0.25	0.801
School 1	6.68	5.29	2.51	0.018*
School 2	5.86	5.43	0.5	0.624
Total 1	80.91	64.29	2.82	0.009*
Total 2	78.18	73.43	0.66	0.512
Lie 1	2.5	1.71	0.89	0.384
Lie 2	1.86	2	-0.2	0.845

*significant for $p < 0.05$

Table 7

MANOVA of total Self-esteem by SES

	full fee	reduced fee	F value	p score
Total 1	80.91	64.29	2.91	0.099
Total 2	78.18	73.43	9.3	0.005*

*significant for $p < 0.05$

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